

# APPLICATION FOR THE GOVERNOR'S SAFETY AND HEALTH AWARD

Name of establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_

Number of Employees as of January 1: \_\_\_\_\_ Industry Average \_\_\_\_\_  
*Please leave blank*

Standard Industrial Classification: \_\_\_\_\_ Product or Service: \_\_\_\_\_  
*4 digit*

Collective Bargaining Agent(s): \_\_\_\_\_

Hours worked without experiencing lost time: \_\_\_\_\_ Date of last lost time injury or illness: \_\_\_\_\_

Years and months without a lost time injury or illness: \_\_\_\_\_

Year(s) without having a recordable injury or illness: \_\_\_\_\_

Annual 300 Log(s) attached for: \_\_\_\_\_ to present

***Upon approval, the following information will be utilized to begin planning your award presentation:***

Company name to be printed on certificate: \_\_\_\_\_  
(Please Print)

Union(s) if applicable: \_\_\_\_\_  
(Please Print)

Preferred location of the award presentation: (check one)

A. At your establishment: \_\_\_\_\_ B. At the Governor's Safety and Health Conference: \_\_\_\_\_

If at the establishment, please indicate the preferred date(s):

\_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

Preferred time of day to begin award ceremony: \_\_\_\_\_

Will there be a tour of the facility: \_\_\_\_ yes \_\_\_\_ no Estimated ending time: \_\_\_\_\_

**I certify the above and attached information to be true and correct to the best of my knowledge.**

Signature and title of top on-site official: \_\_\_\_\_  
Date

**Application and Documentation MUST be mailed  
Please do not call or fax**